



Practitioner's Pocket No. 00193-US-CIP2

SECTOR/4
PATENT #3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Yednock, Theodore A.; Pleiss, Michael A.
Serial No.: 09/127.364 Group No.: 1621
Filed: 07/31/1998 Examiner: Not assigned
For: ANTI-INFLAMMATORY COMPOSITIONS AND METHOD

Box Missing Part
Assistant Commissioner for Patents
Washington, D.C. 20231

COMPLETION OF FILING REQUIREMENTS
—NONPROVISIONAL APPLICATION

I. This replies to the Notice to File Missing Parts of Application (PTO-1533) mailed August 25, 1998.

A copy of the Notice to File Missing Parts of Application—Filing Date Granted (Form PTO-1533) is enclosed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 12/22/98

Franklin W. YER
Signature
FRANKLIN W. YER
(type or print name of person certifying)

DECLARATION OR OATH

II. The declaration or oath that was filed was determined to be defective. A new original oath or declaration is attached.

COMPLETION FEES

III.

1. Surcharge Fee

Late filing of original declaration or oath (37 C.F.R. 1.16(e))	\$130.00
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Total completion fees	\$130.00
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EXTENSION OF TIME

IV. The proceedings herein are for a patent application, and the provisions of 37 C.F.R. 1.136(a) apply.

Applicant petitions for an extension of time, the other than small entity fee for which is set out in 37 C.F.R. 1.17(a)(2), for two months.

Fee	\$380.00
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If an additional extension of time is required, please consider this a petition therefor.

TOTAL FEE DUE

V. The total fee due is:

Completion fees	\$130.00	
Extension fee (if any)	\$380.00	
		Total Fee Due \$510.00

PAYMENT OF FEES

VI. Charge Account No. 01-2701 in the amount of \$510.00.

A duplicate of this request is attached.

Please charge Account No. 01-2701 for any fees that may be due by this paper.


SIGNATURE OF PRACTITIONER

Reg. No.: 34444
Tel. No.: (650) 877-7432
Customer No.: 21835

Carol A. Stratford
Athena Neurosciences, Inc.
800 Gateway Boulevard
South San Francisco, CA 94080



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	09/127,364	FILING/RECEIPT DATE	07/31/98	FIRST NAMED APPLICANT	YEDNOOK	ATTORNEY DOCKET NO./TITLE	T 193-US-CIB2
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021835
ATHENA NEUROSCIENCES INC
LEGAL DEPARTMENT PATENTS
800 GATEWAY BOULEVARD
SOUTH SAN FRANCISCO CA 94080

0262/0825

NOT ASSIGNED

DATE MAILED: 1621

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

08/25/98

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a
☐ small entity (statement filed) ☒ non-small entity is \$ 130

- ☐ 1. The statutory basic filing fee is:

- ☐ missing.
☐ insufficient.

Applicant must submit \$ _____ to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

- ☐ 2. Additional claim fees of \$ _____, including any multiple dependent claim fees, are required.

\$ _____ for _____ independent claims over 3.

\$ _____ for _____ dependent claims over 20.

\$ _____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

- ☒ 3. The oath or declaration:

- ☒ is missing or unexecuted.
☐ does not cover the newly submitted items.
☐ does not identify the application to which it applies.
☐ does not include the city and state or foreign country of applicant's residence.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required:

- ☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

- ☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

- ☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).
☐ 7. Your filing receipt was mailed in error because your check was returned without payment.
☐ 8. The application does not comply with the Sequence Rules.
See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."

- ☒ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Rubler 7-6
Customer Service Center
Initial Patent Examination Division (703) 308-1202